

# Minnesota Bureau of Criminal Apprehension

1430 Maryland Avenue East, Saint Paul, Minnesota 55106

## INFORMED CONSENT FOR RELEASE OF DATA

Please **PRINT** all information except where a signature is required.

### REQUIRED INFORMATION

Name of requestor: \_\_\_\_\_  
Last First Middle

Other names (including aliases, birth name, nicknames, maiden name, etc.): \_\_\_\_\_

Date of birth: \_\_\_\_\_  
Month Day Year (MM/DD/YYYY)

Description of data requested: \_\_\_\_\_

Time period of data requested (if applicable): \_\_\_\_\_

I authorize the BCA to disclose the above-described data to the party I designate below. I understand that the designated party may use the data for reasons not known to the BCA and that the designated party may not be legally obligated to protect the data.

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street Apt. /Suite #

City State Zip Code

### OPTIONAL CONTACT INFORMATION

Telephone: ( ) Email: \_\_\_\_\_

**If you mail this form, you must sign below in the presence of a Notary Public. Mail to: Data Practices, Bureau of Criminal Apprehension, 1430 Maryland Avenue East, Saint Paul, MN 55106. If you bring this form to the BCA, please be prepared to show a current, government-issued photo ID.**

Signature: \_\_\_\_\_

STATE OF \_\_\_\_\_ )  
COUNTY OF \_\_\_\_\_ ) ss

Signed or attested before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by

Name of requestor: \_\_\_\_\_ (Affix seal here)

Signature of Notary Public: \_\_\_\_\_

My commission expires: \_\_\_\_\_

**For BCA use only** — Identity verified by valid, government-issued photo ID: \_\_\_\_\_  
(Initials of staff member)